

Meeting Title	Primary Care Commissioning Committees meetings (meetings in common) – held in Public	Date	Tuesday 1 February 2022
Meeting no.	15.	Time	9.30am – 10.15am
Chair	Ms Gillian Adams Independent Lay Member (WL CCG)	Venue / Location	Via MS Teams

REF	AGENDA ITEM	ACTION	PRESENTER	PAPER	TIMING
PCCCs/22/11	Welcome and Introductions		Gillian Adams		9.30am
PCCCs/22/12	Apologies for Absence: LLR CCGs: <ul style="list-style-type: none"> • Dr Caroline Trevithick East Leicestershire and Rutland CCG: <ul style="list-style-type: none"> • West Leicestershire CCG: <ul style="list-style-type: none"> • Leicester City CCG: <ul style="list-style-type: none"> • Zuffar Haq 	To receive	Gillian Adams	verbal	9.30am
PCCCs/22/13	Notification of Any Other Business	To receive	Gillian Adams	verbal	
PCCCs/22/14	Declarations of Interest on Agenda Topics	To receive	Gillian Adams	verbal	
PCCCs/22/15	To receive questions from the Public in relation to items on the agenda only	To receive	Gillian Adams	verbal	
PCCCs/22/16	Minutes of the meetings held in common on 11 January 2022	To approve	Gillian Adams	A	9.35am
PCCCs/22/17	Actions for the meetings held on 11 January 2022 Matters Arising: 21/104 – update on Winter Access Fund (Primary Care Report of Findings from Local and National Surveys)	To receive	Gillian Adams	B	
ITEMS FOR DECISION, ACTION AND ESCALATION					
PCCCs/22/18	Primary Care Co-Commissioning Budget Report Month 9	To receive	Nicci Briggs	C	9:40am
PCCCs/22/19	General Practice Quality - High level report	To receive	Wendy Hope	D	9:50am
PCCCs/22/20	Proposed Primary Care Premises and Estates Review Group and Terms of Reference	To approve	Sarah Prema	E	10.00am

FOR INFORMATION ONLY					
PCCCs/22/ 21	Items for escalation / information for the Governing Bodies.		Gillian Adams		10.15am
ANY OTHER BUSINESS					
PCCCs/21/ 22	Items of any other business.	To receive	Gillian Adams	verbal	10.15am
The next meeting of the LLR CCGs' Primary Care Commissioning Committee meetings in common will take place on Tuesday, 11 January 2022, via MSTeams, Fiona Barber to Chair.					

A

**Minutes of the LLR CCGs' Primary Care Commissioning Committees held in
common on Tuesday 11 January 2022 at 9.30am
Via MS Teams**

Present:

Leicester, Leicestershire and Rutland CCGs

Ms Wendy Hope	Head of Quality and Safety (on behalf of Ms Caroline Trevithick)
Ms Nicci Briggs	Executive Director of Finance, Contracts and Corporate Governance
Ms Yasmin Sidyot	Deputy Director of Integration and Transformation (on behalf of Rachna Vyas)
Ms Sarah Prema	Executive Director of Strategy and Planning

East Leicestershire and Rutland CCG:

Ms Fiona Barber	Deputy Chair and Independent Lay member (Chair of the meeting)
Dr Nikhil Mahatma	Member Practice Representative
Dr Girish Purohit	Member Practice Representative
Dr Nick Glover	Member Practice Representative

West Leicestershire CCG:

Ms Gillian Adams	Independent Lay Member
Dr Geoff Hanlon	Locality Lead
Ms Wendy Kerr	Independent Lay Member
Dr Ash Kothari	Locality Lead
Dr Nil Sanganee	Locality Lead North West Leicestershire

Leicester City CCG:

Mr Nick Carter	Independent Lay Member
Professor Azhar Farooqi	Clinical Chair
Dr Tony Bentley	North and East Health Need Neighbourhood Chair
Dr Avi Prasad	Assistant Clinical Chair
Dr Raj Than	Left Shift/Integration Lead
Dr Sulaxni Nainani	South Health Need Neighbourhood Chair
Dr Gopi Boora	North and West Health Need Neighbourhood Lead

In attendance:

Ms Harsha Kotecha	Chair, Healthwatch Leicester and Leicestershire
Dr Fahreen Dhanji	Local Medical Committee
Dr Rajiv Wadhwa	Local Medical Committee
Ms Sarah Shuttlewood	Assistant Director of Contracts and Procurement
Ms Priya Pandya	Contracts Manager
Stuart Fletcher	Contracts Manager
Ms Sarah Smith	Head of Transformation
Ms Amy Walker	Primary Care Quality Manager
Mrs Daljit Bains	Head of Corporate Governance
Mrs Clare Mair	Corporate Affairs Officer (Minutes)

Public Gallery

One member of the public was present.

ITEM		LEAD RESPONSIBLE
PCCCs/22/01	<p>Welcome and Introductions</p> <p>Ms Fiona Barber welcomed all attendees to the thirteenth meeting of the Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups' (CCGs) Primary Care Commissioning Committee (PCCC) meetings in common, on behalf of the three PCCC Chairs, reminding members that this meeting was taking place in public and therefore the chat function should not be used and if members wished to make a comment they should use the "raise hand" function.</p>	
PCCCs/22/02	<p>Apologies for absence:</p> <p>LLR CCGs</p> <ul style="list-style-type: none"> • Dr Caroline Trevithick, Executive Director of Nursing, Quality and Performance • Ms Rachna Vyas, Executive Director of Integration and Transformation <p>East Leicestershire and Rutland CCG</p> <ul style="list-style-type: none"> • Mr Clive Wood, Independent Lay Member <p>Leicester City CCG</p> <ul style="list-style-type: none"> • Mr Zuffar Haq, Independent Lay Member <p>West Leicestershire CCG</p> <ul style="list-style-type: none"> • <p>In attendance</p> <ul style="list-style-type: none"> • Dr Janet Underwood, Healthwatch Rutland Chair • Dr Sumit Virmani, Local Medical Committee • Jamie Barrett, Senior Contracts Manager <p>The meeting was confirmed to be quorate for East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) Leicester City CCG (LC CCG) and West Leicestershire CCG (WL CCG).</p>	
PCCCs/22/03	<p>Notification of Any Other Business</p> <p>Ms Barber confirmed there were no items of other business.</p>	
PCCCs/22/04	<p>Declarations of Interest</p> <p>GP members present declared an interest in items relating to commissioning of primary care where a potential conflict may arise, noting the register of interest contains the current declarations and this is published on the CCGs websites. It was noted that the Local Medical Committee (LMC) representatives may also be conflicted in such matters and as such this will be noted and actioned accordingly.</p> <p>Ms Barber noted the following specific declarations:</p> <p>Paper A – minutes</p>	

	<ul style="list-style-type: none"> Members conflicted with the relevant sections of the minutes were asked to refrain from commenting on the content of the minutes unless there was a point of accuracy. <p>Paper C – PCN/Practice Allocation Policy</p> <ul style="list-style-type: none"> This is a policy for approval. GP members will be directly conflicted, with the exception of Dr Tony Bentley. It was agreed it would be helpful to gain the views of the GP members in the discussion and then for them to absent the meeting for the decision. <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the conflicts of interest declared and the actions to be taken. 	
<p>PCCCs/22/05</p>	<p>To receive questions from the Public in relation to items on the agenda</p> <p>No questions were received from members of the public at the meeting or in advance of the meeting.</p>	
<p>PCCCs/22/06</p>	<p>Minutes of the previous meeting held on 7 December 2021 (Paper A)</p> <p>Minutes of the LLR CCGs PCCCs in Common meeting held on 7 December 2021 were received and approved as an accurate record.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> APPROVE the minutes of the LLR CCGs PCCC meeting held on 7 December 2021. 	
<p>PCCCs/22/07</p>	<p>To Receive Matters Arising and actions for the meeting held on 7 December 2021 (Paper B)</p> <p>The matters arising following the LLR CCGs meetings in common held on 7 December were received and updates received:</p> <p><u>21/104 - Primary Care Report of Findings from Local and National Surveys</u></p> <p>The action noted the ILM engagement group had been reformed and now includes communications and would be used to engage with ILMs on a range of issues, including the primary care survey and action implementation, and engender their support where we can. Mr Carter could not recall that he had been offered a standing open invite to himself or any of the ILMs as stated. Ms Sidyot undertook to pick this up with Mr Morris and Ms Venables and provide an email to clarify this.</p> <p>Matters Arising; There were no matters arising.</p>	

	<p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • RECEIVE the matters arising and the update provided. 	
<p>PCCCs/22/08</p>	<p>PCN/Practice Allocation Policy (Paper C)</p> <p>Sarah Shuttlewood explained all practices in LLR are part of a PCN and are signed up to the Network Contract DES. If a practice wishes to leave a PCN for any reason and if they are unable to find another PCN to join, the CCG is required to allocate the practice to a PCN.</p> <p>The LLR CCGs went through a process last year to allocate a practice to a PCN and this highlighted the need for a policy to ensure consistent and transparent application in the event of PCN allocation being needed in the future.</p> <p>The policy was developed with engagement from a range of stakeholders including the Local Medical Committee (LMC), PCN Clinical Directors, Independent Lay Members, primary care and management input.</p> <p>Ms Shuttlewood proposed an amendment to the policy which would include the consideration of soft intelligence which would be taken into account when the panel convenes to consider allocating a practice to a PCN.</p> <p>The item was opened up to questions and comments:</p> <ul style="list-style-type: none"> • It was recognized that soft intelligence had benefits but also limitations as it could be subjective but would be taken in the round with other information sources to form a view. • The selection criteria needed to be absolutely objective and clearly demonstrated in the event of challenge. • Practice movements affected PCN size and that criteria would be taken into account alongside other considerations. • The PCNs would be the building blocks of the ICS and needed to be formed with cross-organisational working in mind. • Building and maintaining positive relationships in a PCN needed to be criteria of high importance in the process. <p>Ms Shuttlewood hoped early work with practices and PCNs would remove or diminish the need for allocation. Hard information would be used at the expression of interest stage to decide where the practice would be best placed to meet the needs of the patient group.</p> <p>Ms Shuttlewood undertook to word the policy in a way that demonstrated rigor in the use of soft intelligence.</p> <p><i>The GPs, with the exception of Dr Tony Bentley, left the meeting.</i></p>	

	<p>Ms Barber received confirmation from remaining members they were happy to approve the policy, subject to the amendment.</p> <p>It was RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the Practice/PCN Allocation Policy. 	
PCCCs/22/09	<p>Items for escalation / information for the Governing Bodies</p> <p>There were no specific items for the Governing Bodies to be made aware of, but they would as usual, be provided with a brief summary of the business.</p>	
PCCCs/22/10	<p>Any other business</p> <p>There were no other items of business.</p>	
	<p>Date of next meeting</p> <p>The date of the next LLR Primary Care Commissioning Committee meetings will be held on Tuesday 1 February 2022 at 9:30am, via MS Teams. Meeting to be chaired by Gillian Adams.</p> <p>The meeting ended at 9.56am.</p>	

B

**LEICESTER, LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS
 PRIMARY CARE COMMISSIONING COMMITTEE MEETING**

ACTION NOTES

Key

Completed	On-Track	No progress made
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Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 1 February 2021	Status
PCCCs/ 21/102	November 2021	Primary Care Co-Commissioning Budget Report Month 6	Rachna Vyas	Primary Care Extended Access – options appraisal on reprovion of services across LLR to come to the PCCC.	January 2022 February 2022	Item on the agenda for February 2022.	AMBER
PCCCs/ 21/104	November 2021	Primary Care Report of Findings from Local and National Surveys	Rachna Vyas	An ILM with a patient representation portfolio to join the primary care communications task and finish group.	December 2021	Richard Morris confirmed to Yasmin Sidyot that he is meeting regularly with ILMs and this includes engagement. ACTION COMPLETE	GREEN
PCCCs/ 21/104	November 2021	Primary Care Reports of Findings from Local and National Surveys	Rachna Vyas	Ms Vyas to bring back an assurance report on progress achieved through the Primary Care Cell	January February 2022	Yasmin Sidyot to update verbally at the February PCCC on the Winter Access Fund work, which is operationalised via the PC cell. System oversight is being maintained via the ICB. ACTION COMPLETE	GREEN

Minute No.	Meeting	Item	Responsible Officer	Action Required	To be completed by	Progress as at 1 February 2021	Status
PCCCs/ 21/119	December 2021	Emergency Caretaking Policy and Provider Selection Process	Amardip Lealh/Sarah Shuttlewood	Minor amendments being made to the policy which would come back to PCCC for final approval.	January 2022 February 2022 March/April 2022	A caretaking process was recently put in place for a city practice. The contract and I&T teams will review the learning from this before finalising policy and bringing it back to PCCC in March or April 2022.	AMBER

C

Name of meeting:	LLR CCGs' Primary Care Commissioning Committee meetings in common		Date:	1 February 2022	Paper:	C
	Public ✓	Confidential				
Report title:	M9 Primary Care Commissioning Finance Report					
Presented by:	Nicci Briggs, Exec Director for Finance, Contracting & Governance					
Report author:	Andrew Roberts, Primary Care Business Partner - Finance					
Executive lead:	Nicci Briggs, Exec Director for Finance, Contracting & Governance					
Action required:	Receive for information only:	✓	Progress update:			
	For assurance:		For approval / decision:			
Executive summary:	<p>This report sets out the financial position of the three LLR CCGs with regards to the 2021/22 Primary Care budgets as at month 9 (December 2021).</p> <p>The report provides an overview of the current financial position for Primary Care Co-Commissioning, Primary Care Services and Prescribing.</p>					
Appendices:	<ul style="list-style-type: none"> Appendix 1 – Finance Report (LLR Summary) Appendix 2 – Finance Report (CCG Detail) 					
Recommendations:	<p>The LLR CCGs' Primary Care Commissioning Committees are asked to:</p> <ul style="list-style-type: none"> Note and Review the M9 LLR CCG Primary Care finance position as at 31st December 2021. 					
Report history and prior review:						

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest:	None Identified
b) Alignment to Board Assurance Framework	Reporting of financial position
c) Resource and financial implications	Planned financial position to be absorbed into CCG bottom line after reimbursement of covid vaccination costs
d) Quality and patient safety implications	Not Applicable
e) Patient and public involvement	Not Applicable
f) Equality analysis and due regard	Not Applicable

Primary Care Commissioning Finance Report For the period to 31st December 2021

Introduction

This report sets out the financial position of the three LLR CCGs with regards to the 2020/21 Primary Care budgets as at month 9 (December 2021). The forecast position covers the full 12 month period from 1st April 2021 to 31st March 2022.

The report provides an overview of the current financial position for Primary Care Co-Commissioning, Primary Care Services and Prescribing. More detail of the position is provided on the accompanying two appendices. Appendix 1 provides an overview of the LLR position and appendix 2 breaks this down across the 3 CCGs.

The current overall Primary Care position is showing a forecast overspend of £1,217k across LLR for the period 1st April 2021 to 31st March 2022.

Primary Care Co-Commissioning

The forecast outturn is showing an overspend of £741k across LLR against the Co-Commissioning Allocation for 21/22. It should be noted that the budget that has been set for each CCG is equal to the specific national allocation received from NHSEI and this allocation cannot be amended locally. The position for each CCG is as follows:

- ELRCCG – overspend of £855k against an allocation of £49,737k
- LCCCG – underspend of £1,622k against an allocation of £61,291k
- WLCCG – overspend of £1,508k against an allocation of £55,638k

The forecast outturn calculated for each CCG is based on the required statutory payments that need to be made to practices in respect of contract payments etc. When comparing the weighted list size of each CCG to the allocation for each CCG it highlights that there is more funding per patient in City in comparison to East and West. The table below illustrates the varying £ per patient across LLR which correlates to the financial position for each CCG:

	Weighted List Size	£ 21/22 Allocation	£ per patient
ELRCCG	328,889	49,737,100	151.23
LCCCG	386,889	61,920,840	160.05
WLCCG	389,647	55,638,280	142.79

The Co-Commissioning allocation calculation is a lot more complex than this and will include other factors such as population make up, deprivation, market forces factors

and so on before arriving at an allocation figure. Historically the County CCGs have always been overspent and City underspent.

The underspend for City has been compounded by the service harmonisation and basket of services element of the primary care funding model being deferred to April 2022. The amount this is contributing to the City underspend is approx. £900k. The equivalent for East and West is being reported within programme expenditure (primary care services).

Primary Care Services

The forecast outturn is showing an overspend of £1,807k across LLR including expected reimbursement from NHSEI for the covid 19 vaccination programme expenditure. The overspend is broken down as follows:

ELRCCG is reporting an underspend of £3,252k. This is mainly due to a £2,600k underspend on the other primary care line. The £2,600k is made up of £1,500k unallocated budget due to the overall allocated budget being higher than the actual expenditure outturn in 20/21, and £1,100k underspend against the covid 19 SDF allocation as 2/3rds of the spend is sitting with LCCCG and WLCCG. The GPIT budget is underspent by £360k as the majority of the spend is within the main LPT block contract. The remaining £292k underspend relates to CBSs and the future funding model because of the service harmonisation and basket of services being deferred to April 2022.

LCCCG is reporting an overspend of £2,691k. This is mainly due to a £1,500k overspend in other primary care relating to covid 19 including the capacity & expansion fund although a proportion of this is being funded from the covid 19 SDF allocation sitting with ELRCCG. The remaining £1,191k overspend relates to community based services and the future funding model. The overspend on the funding model is being offset by the underspend sitting on co-commissioning.

WLCCG is reporting an overspend of £2,369k. This is mainly due to a £1,200k overspend on unallocated negative budget due the overall allocated budget being lower than the actual expenditure outturn in 20/21. There is also £1,200k overspend relating to covid 19 although a proportion of this is being funded from the covid 19 SDF allocation sitting with ELRCCG. Both these areas of overspend are part of other primary care.

Prescribing

The forecast outturn is showing an underspend of £1,332k and includes a combination of actual prescribing expenditure for the period April to October 2021 (which is the latest actual data available as at month 9 reporting) modelled with historic spend incurred during 20/21. The position includes further expected favourable CAT M price

adjustments in Q4 of this financial year. The underspend per CCG is broken down as follows:

- ELRCCG – £159k underspend
- LCCCG – £408k underspend
- WLCCG – £766k underspend

The underspend is mainly down to higher than anticipated rebates and favourable CAT M price adjustments.

Recommendations

The LLR CCGs' Primary Care Commissioning Committee is asked to note and review the Primary Care finance position as at 31st December 2021 for the three LLR CCGs.

PRIMARY CARE COMMISSIONING - FINANCE REPORT

2021/22 Primary Care Position - Month 09

PRIMARY CARE CO-COMMISSIONING, PRIMARY CARE SERVICES & PRESCRIBING	Year to Date			Forecast Outturn		
	Budget	Spend	Variance	Budget	Spend	Variance
	LLR	LLR	LLR	LLR	LLR	LLR
	£000's	£000's	£000's	£000's	£000's	£000's
Core Contract	82,479	82,061	-418	110,283	109,259	-1,025
Dispensing	2,411	2,427	16	3,332	3,348	16
Enhanced Services	1,429	1,424	-5	1,954	1,976	22
Other GP Services	2,801	2,465	-336	4,049	3,474	-575
Winter Access Fund	458	478	20	917	4,584	3,667
Winter Access Fund Reimbursement	0	0	0	0	-3,667	-3,667
Premises	13,071	13,002	-69	17,495	17,365	-130
QOF	11,724	11,724	0	15,595	15,595	0
PCN	4,752	6,163	1,411	6,356	8,282	1,926
Additional Roles	6,661	8,020	1,359	7,316	13,548	6,232
Additional Roles Reimbursement	0	-560	-560	0	-5,725	-5,725
TOTAL CO COMMISSIONING	125,787	127,204	1,417	167,296	168,038	741
Community Based Services	8,463	10,461	1,998	13,055	14,581	1,527
GP Support Framework/ Incentives	1,598	761	-837	1,598	761	-837
GP Forward View - separate allocations	8,086	5,978	-2,108	10,171	9,926	-245
GP IT	1,189	912	-278	1,471	1,261	-210
Other Primary Care	3,420	5,542	2,122	4,829	6,329	1,500
Transformation Fund	1,319	1,319	0	1,772	1,843	71
Covid Vaccination Programme Expenditure	1,468	2,103	635	1,468	2,635	1,167
Covid Vaccination Programme Reimbursement	0	-635	-635	0	-1,167	-1,167
TOTAL PRIMARY CARE SERVICES	25,543	26,440	897	34,363	36,170	1,807
GP Prescribing	124,565	125,765	1,201	165,927	165,945	19
Flu Recharge & Drug Rebates	-2,721	-3,121	-400	-3,118	-3,634	-516
Other Prescribing	7,613	6,984	-629	9,990	9,155	-835
TOTAL PRESCRIBING	129,456	129,628	172	172,799	171,467	-1,332
TOTAL PRIMARY CARE	280,786	283,272	2,486	374,458	375,674	1,217

PRIMARY CARE COMMISSIONING - FINANCE REPORT

2021/22 Primary Care Position - Month 09

PRIMARY CARE CO-COMMISSIONING, PRIMARY CARE SERVICES & PRESCRIBING	CCG Budget												Spend												Variance (CCG Budget)				FOT												Spend				Variance (CCG Budget)			
	CCG Budget				Spend				Variance (CCG Budget)				CCG Budget				Spend				Variance (CCG Budget)				CCG Budget				Spend				Variance (CCG Budget)															
	East	City	West	LLR	East	City	West	LLR	East	City	West	LLR	East	City	West	LLR	East	City	West	LLR	East	City	West	LLR	East	City	West	LLR	East	City	West	LLR	East	City	West	LLR												
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's												
Core Contract	23,684	30,906	27,888	82,479	23,731	30,398	27,932	82,061	47	-508	44	-418	31,272	41,898	37,114	110,283	31,443	40,726	37,089	109,259	172	-1,171	-25	-1,025	31,272	41,898	37,114	110,283	31,443	40,726	37,089	109,259	172	-1,171	-25	-1,025												
Dispensing	1,217	113	1,081	2,411	1,266	79	1,081	2,427	49	-33	0	16	1,627	227	1,477	3,332	1,688	183	1,477	3,348	61	-45	0	16	1,627	227	1,477	3,332	1,688	183	1,477	3,348	61	-45	0	16												
Enhanced Services	462	459	508	1,429	441	487	496	1,424	-21	28	-12	-5	651	624	679	1,954	654	652	670	1,976	3	29	-9	22	651	624	679	1,954	654	652	670	1,976	3	29	-9	22												
Other GP Services	461	1,796	544	2,801	625	723	1,117	2,465	164	-1,073	573	-336	1,240	1,937	872	4,049	1,014	967	1,493	3,474	-227	-970	621	-575	1,240	1,937	872	4,049	1,014	967	1,493	3,474	-227	-970	621	-575												
Winter Access Fund	458	0	0	458	164	230	84	478	-294	230	84	20	917	0	0	917	4,584	0	0	4,584	3,667	0	0	3,667	0	0	0	0	917	0	0	917	4,584	0	0	4,584	3,667	0	0	3,667								
Winter Access Fund Reimbursement	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-3,667	0	0	-3,667	-3,667	0	0	-3,667	0	0	0	0	0	0	0	0	0	0	0	0												
Premises	3,620	5,500	3,951	13,071	3,625	5,363	4,013	13,002	5	-136	62	-69	4,864	7,357	5,274	17,495	4,883	7,108	5,373	17,365	19	-248	100	-130	4,864	7,357	5,274	17,495	4,883	7,108	5,373	17,365	19	-248	100	-130												
QOF	3,780	3,695	4,250	11,724	3,780	3,695	4,250	11,724	0	0	0	0	5,039	4,890	5,666	15,595	5,039	4,890	5,666	15,595	0	0	0	0	5,039	4,890	5,666	15,595	5,039	4,890	5,666	15,595	0	0	0	0												
PCN	1,384	1,766	1,602	4,752	1,873	2,170	2,121	6,163	489	404	518	1,411	1,862	2,336	2,158	6,356	2,497	2,944	2,841	8,282	635	608	682	1,926	1,862	2,336	2,158	6,356	2,497	2,944	2,841	8,282	635	608	682	1,926												
Additional Roles	2,179	2,299	2,184	6,661	2,657	2,403	8,020	478	662	219	1,359	573	2,265	2,653	2,398	7,316	4,233	4,966	4,349	13,548	1,968	2,313	1,951	6,232	2,265	2,653	2,398	7,316	4,233	4,966	4,349	13,548	1,968	2,313	1,951	6,232												
Additional Roles Reimbursement	0	0	0	0	-428	-132	0	-560	-428	-132	0	-560	0	0	0	0	-1,776	-2,138	-1,812	-5,725	-1,776	-2,138	-1,812	-5,725	0	0	0	0	0	0	0	0	-1,776	-2,138	-1,812	-5,725												
TOTAL CO COMMISSIONING	37,245	46,533	42,008	125,787	37,734	45,973	43,496	127,204	490	-560	1,487	1,417	49,737	61,921	55,638	167,296	50,592	60,299	57,146	168,038	855	-1,622	1,508	741	49,737	61,921	55,638	167,296	50,592	60,299	57,146	168,038	855	-1,622	1,508	741												
Community Based Services	2,840	2,383	3,240	8,463	3,208	3,258	3,995	10,461	368	875	755	1,998	4,649	3,194	5,212	13,055	4,752	4,495	5,334	14,581	103	1,301	122	1,527	4,649	3,194	5,212	13,055	4,752	4,495	5,334	14,581	103	1,301	122	1,527												
GP Support Framework/ Incentives	750	0	848	1,598	375	0	386	761	-375	0	-462	-837	750	0	848	1,598	375	0	386	761	-375	0	-462	-837	750	0	848	1,598	375	0	386	761	-375	0	-462	-837												
GP Forward View - separate allocations	4,431	1,789	1,866	8,086	2,068	1,918	1,993	5,978	-2,364	129	127	-2,108	5,190	2,537	2,444	10,171	5,198	2,260	2,468	9,926	8	-277	24	-245	5,190	2,537	2,444	10,171	5,198	2,260	2,468	9,926	8	-277	24	-245												
GP IT	828	140	221	1,189	439	127	345	912	-389	-12	124	-278	1,004	209	258	1,471	644	222	396	1,261	-360	13	137	-210	1,004	209	258	1,471	644	222	396	1,261	-360	13	137	-210												
Other Primary Care	3,817	384	-781	3,420	1,524	2,177	1,840	5,542	-2,293	1,794	2,621	2,122	4,407	920	-498	4,829	1,753	2,569	2,007	6,329	-2,653	1,649	2,505	1,500	4,407	920	-498	4,829	1,753	2,569	2,007	6,329	-2,653	1,649	2,505	1,500												
Transformation Fund	370	471	478	1,319	400	475	444	1,319	30	4	-34	0	505	632	634	1,772	530	638	675	1,843	25	5	41	71	505	632	634	1,772	530	638	675	1,843	25	5	41	71												
Covid Vaccination Programme Expenditure	0	238	1,230	1,468	0	206	1,897	2,103	0	-32	667	635	0	238	1,230	1,468	0	210	2,425	2,635	0	-28	1,195	1,167	0	238	1,230	1,468	0	210	2,425	2,635	0	-28	1,195	1,167												
Covid Vaccination Programme Reimbursement	0	0	0	0	0	32	-667	-635	0	32	-667	-635	0	0	0	0	0	28	-1,195	-1,167	0	28	-1,195	-1,167	0	0	0	0	0	0	0	0	0	0	0	0												
TOTAL PRIMARY CARE SERVICES	13,037	5,404	7,102	25,543	8,015	8,193	10,233	26,440	-5,022	2,789	3,131	897	16,504	7,730	10,128	34,363	13,252	10,421	12,497	36,170	-3,252	2,691	2,369	1,807	16,504	7,730	10,128	34,363	13,252	10,421	12,497	36,170	-3,252	2,691	2,369	1,807												
GP Prescribing	39,447	39,603	45,514	124,565	39,974	39,903	45,889	125,765	527	299	374	1,201	52,622	52,764	60,541	165,927	52,739	52,643	60,564	165,945	118	-122	23	19	52,622	52,764	60,541	165,927	52,739	52,643	60,564	165,945	118	-122	23	19												
Flu Recharge & Drug Rebates	-1,131	-635	-955	-2,721	-1,103	-681	-1,337	-3,121	28	-46	-382	-400	-1,162	-950	-1,006	-3,118	-1,273	-832	-1,529	-3,634	-111	118	-522	-516	-1,162	-950	-1,006	-3,118	-1,273	-832	-1,529	-3,634	-111	118	-522	-516												
Other Prescribing	2,479	2,770	2,364	7,613	2,351	2,478	2,155	6,984	-128	-292	-209	-629	3,233	3,570	3,187	9,990	3,167	2,921	9,155	15,239	-165	-403	-266	-835	3,233	3,570	3,187	9,990	3,167	2,921	9,155	15,239	-165	-403	-266	-835												
TOTAL PRESCRIBING	40,794	41,739	46,923	129,456	41,221	41,700	46,707	129,628	427	-39	-216	172	54,693	55,385	62,721	172,799	54,534	54,977	61,955	171,467	-159	-408	-766	-1,332	54,693	55,385	62,721	172,799	54,534	54,977	61,955	171,467	-159	-408	-766	-1,332												
TOTAL PRIMARY CARE	91,076	93,676	96,034	280,786	86,970	95,866	100,435	283,272	-4,106	2,190	4,402	2,486	120,934	125,036	128,488	374,458	118,379	125,697	131,599	375,674	-2,555	661	3,111	1,217	120,934	125,036	128,488	374,458	118,379	125,697	131,599	375,674	-2,555	661	3,111	1,217												

D

Name of meeting:	Primary Care Commissioning Committee in Common		Date:	1 February 2022	Paper:	D
	Public ✓	Confidential				
Report title:	General Practice Quality - High level report					
Presented by:	Wendy Hope, Head of Quality & Safety					
Report author:	Wendy Hope, Head of Quality & Safety Amy Walker, Primary Care Quality Manager					
Executive lead(s):	Caroline Trevithick, Executive Director of Nursing, Quality and Performance					
Action required:	Receive for information only:	✓	Progress update:			
	For assurance:		For approval / decision:			
Executive summary:	<p>This report aims to provide the Primary Care Commissioning Committee with a high-level report informing the committee of:</p> <ul style="list-style-type: none"> • Overview information on newly published CQC reports for LLR general practices as discussed at the risk share group on 6th January 2022. One new CQC report has been published since the last meeting: <ul style="list-style-type: none"> ○ The Centre Surgery (Hinckley & Bosworth Medical Alliance) - previous rating as overall Good and is now rated as overall Inadequate 					
Appendices:	<ul style="list-style-type: none"> • None 					
Recommendations:	<p>The LLR CCGs' PCCC are asked to:</p> <ul style="list-style-type: none"> • RECEIVE and note the information contained in the report. 					
Report history and prior review:	<ul style="list-style-type: none"> • n/a 					

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest:	General Practitioners could be conflicted if their General Practice or Primary Care Network is mentioned within the report.
b) Alignment to Board Assurance Framework	Yes
c) Resource and financial implications	None
d) Quality and patient safety implications	As indicated within the report
e) Patient and public involvement	N/A for purpose of the report
f) Equality analysis and due regard	None

General Practice Quality Highlight Report January 2022

Introduction

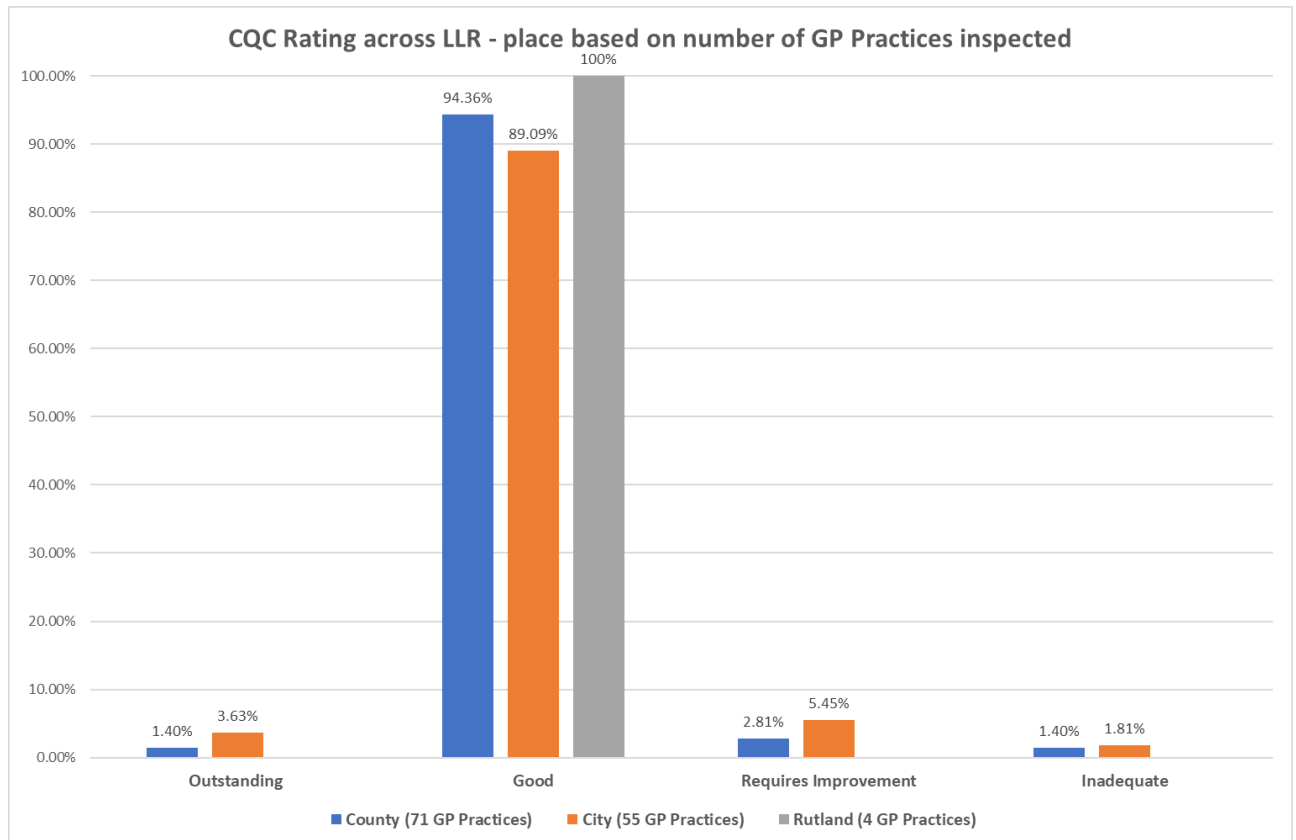
1. This report aims to provide the Primary Care Commissioning Committee (PCCC) with information on newly published Care Quality Commission (CQC) reports and high-level aggregated information of general practice quality concerns as discussed at the CCGs Risk Sharing Group on 6th January 2022.
2. The report represents a point in time as there may be changes in circumstances between the writing of the report and the PCCC meeting.
3. General practices receiving additional or enhanced support or where intelligence suggests there may be a concern, are discussed at the Risk Sharing Groups and other forums. From a quality perspective the Risk Sharing Group will monitor and follow up on agreed actions for practices it discusses.
4. Whilst this report is high level, specific practice information is discussed within confidential sections of Primary Care Commissioning Committee as required.

Care Quality Commission

5. At the time of writing one new CQC inspection report has been published during January 2022 as detailed below. CCG teams are supporting the practice with the required improvements.

Practice Name	The Centre Surgery (Hinckley & Bosworth Medical Alliance)
Date of inspection	16/11/2021
Date of Report	06/01/2022
Overall rating	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

6. As at 6th January 2022 a total of 130 LLR General Practices have received a CQC inspection. This number represents the latest reports that are available on the CQC website. The number, which includes any changes to practice locations, is not static and does fluctuate as practices are re-inspected and/or reports are archived. The overall CQC rating, at place level is indicated below.



7. The CCG teams will work with practices that require additional support to enable them to make the required improvements.

Aggregated General Practice Information

8. The tables below summarise the numbers of practices who are receiving additional / enhanced support and/or increased monitoring from the LLR Risk Share Group. This support can be long term as it covers a period of time to ensure any changes have been embedded into the practice.
9. There are currently 7 General Practices on the LLR GP Risk Log receiving enhanced monitoring and/or support or increased monitoring:

2021/22	December RSG
New this month	1
Closed this month	0
Total number of practices on LLR Risk Log	7

10. Key areas in which support, and monitoring are taking place are around:
 - a. Service delivery including quality
 - b. Patient experience
 - c. Workforce
 - d. CQC improvements

11. The CCG continues to support and monitor practices with actions arising from: CQC inspection reports and known intelligence, escalation of concerns from LLR General Practice Quality Operational Group and any other quality concerns or risks identified.
12. Any high risk concerns are reported to the LLR Risk Sharing Group and where required, are escalated to the Primary Care Commissioning Committee confidential section for discussion.

Recommendations

The Primary Care Commissioning Committee is asked to:

RECEIVE and **NOTE** the information contained in the paper.

E

Name of meeting:	CCG Primary Care Commissioning Committee	Date:	1 February 2022	Paper:	E
	Public ✓ Confidential				
Report title:	Proposed Primary Care Premises and Estates Review Group				
Presented by:	Sarah Prema, Executive Director Strategy and Planning, LLR CCGs				
Report author:	Jo Clinton Head of Strategy and Planning, LLR CCGs				
Executive lead:	Sarah Prema, Executive Director Strategy and Planning, LLR CCGs				
Action required:	Receive for information only:		Progress update:		
	For assurance:		For approval / decision:		✓
Executive summary:	<ol style="list-style-type: none"> 1. As part of the development of the Primary Care Estates Strategy and new strategic and operational estates management arrangements, it is proposed that a new Primary Care Premises and Estates Review Group is established. 2. Within the CCG Delegated Commissioning responsibilities, CCGs are required to ensure delivery of delegated functions in respect of Premises and Estates, premises cost directions and strategic primary care estates planning. The Premises and Estates Review Group, as a sub-group of the (PCCC), would oversee these responsibilities on behalf of the PCCC. 3. There is currently no formal management group reporting to the Primary Care Commissioning Committee (PCCC) with representation from all the key directorates with responsibility for reviewing potential premises improvement/new build schemes or other related premises topics on behalf of the CCGs. 4. The review group would meet approximately three weeks prior to the PCCC and submit a regular progress report and recommendations for consideration by the PCCC. 				
Appendices:	Appendix A; Terms of Reference Appendix B: Scheme Development Process flowchart				
Recommendations:	The CCGs Primary Care Commissioning Committee is asked to: <ul style="list-style-type: none"> • CONFIRM SUPPORT for the establishment of the Primary Care Premises and Estates Review Group. • APPROVE the Draft terms of Reference and the supporting Scheme Development Process included in Appendix A and B. 				
Report history and prior review:	<ul style="list-style-type: none"> • N/a 				

Aligned to Strategic Objectives		
Leicester City CCG	West Leicestershire CCG	East Leicestershire and Rutland CCG
✓	✓	✓

Implications	
a) Conflicts of interest	Members of the proposed group would be expected to comply with the CCGs' Conflicts of Interest Policy. The Review Group would maintain a Register of Interests.
b) Alignment to Board Assurance Framework	N/a
c) Resource and financial implications	None directly, although will support improved management of primary care revenue budgets relating to estates.
d) Quality and patient safety implications	N/a
e) Patient and public involvement	N/a
f) Equality analysis and due regard	N/a currently

LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs
PROPOSED PRIMARY CARE PREMISES AND ESTATES REVIEW GROUP

Introduction

1. As part of the development of the Primary Care Estates Strategy and new strategic and operational estates management arrangements, it is proposed that a new Primary Care Premises and Estates Review Group is established.
2. Within the CCG Delegated Commissioning responsibilities, CCGs are required to ensure delivery of delegated functions in respect of Premises and Estates, premises cost directions and strategic primary care estates planning. The Premises and Estates Review Group, as a sub-group of the (PCCC), would oversee these responsibilities on behalf of the PCCC.
3. There is currently no formal management group reporting to the Primary Care Commissioning Committee (PCCC) with representation from all the key directorates AND with responsibility for reviewing potential premises improvement/new build schemes or other related premises topics on behalf of the CCGs.
4. The review group would meet approximately three weeks prior to the PCCC and submit a regular progress report and recommendations for consideration by the PCCC.
5. The proposed Terms of Reference and membership are included in **Appendix A** and a supporting Scheme Development Process flowchart designed to formalise the scheme development proposal process is also included as **Appendix B**.
6. Subject to PCCC approval, the review group would be formed with immediate effect.

Recommendations

The Primary Care Commissioning Committee is asked to:

- **CONFIRM SUPPORT** for the establishment of the Primary Care Premises and Estates Review Group.
- **APPROVE** the Draft terms of Reference and the supporting Scheme Development Process included in Appendix A and B below.

Jo Clinton
Head of Strategy and Planning
LLR CCGs
January 2022

Appendix A

LEICESTER, LEICESTERSHIRE AND RUTLAND CCGs PREMISES AND ESTATES REVIEW GROUP

DRAFT TERMS OF REFERENCE

Rationale

As part of the CCGs Delegated Commissioning responsibilities, the CCGs are required to ensure delivery of delegated functions in respect of Premises and Estates, premises cost directions and strategic estates planning. The Premises and Estates Review Group, as a sub-group of the Primary Care Commissioning Committee (PCCC), has been established to oversee these responsibilities.

Membership of the Group

Membership is as follows:

Role	Organisation
Executive Director Strategy and Planning (Chair)	LLR CCGs
Strategic Head of Estates (Vice Chair)	LLR CCGs
Heads of Strategy and Planning x 2	LLR CCG
Clinical Lead for Finance, Procurement and Estates	LLR CCGs
Assistant Director of Contracts and Procurement	LLR CCGs
Senior Contracts Manager – Primary Care	LLR CCGs
Heads of Integration and Transformation x 2	LLR CCGs
Senior Estates Strategy Manager – Primary Care	NHSEI
Primary Care Business Partner - Finance	LLR CCGs

Depending on the agenda other individuals from NHSEI, NHS Property Services, CHP, the CCGs, the LMC and other public sector organisations may be invited to attend.

Quorum

A Quorum shall be representation of the Chair [or Vice Chair] and a member or deputy from each of the Strategy and Planning, Contracts and Procurement, Integration and Transformation and Finance directorates. Attendance can be through either physical presence or via teleconference facilities.

Attendance

Representatives must strive to attend all meetings. If members cannot attend, they must designate an appropriate deputy in their absence.

Frequency

The Review Group will meet monthly as a minimum, three weeks prior to the Primary Care Commissioning Committee meetings, or more frequently where the business of the group dictates this.

Standing Agenda

1. Apologies for absence
2. Declarations of Interest
3. Overview of Pipeline Schemes/Action Log
4. Schemes for review:

Stage 0: Proposed schemes for early determination

Stage 1a: Project Initiation Documents

Stage 2b: Strategic Outline Cases

Stage 3: Outline Business Cases

Stage 4: Full Business Case

5. Rent Reviews
6. Section 106/CIL management systems
7. Any Other Business
8. Date of next meeting.

Authority

The CCGs Premises and Estates Review Group is authorised by the CCGs Primary Care Commissioning Committee to investigate any activity within its Terms of Reference.

Purpose

The CCGs Premises and Estates Review Group has been established to review potential premises improvement and new build schemes on behalf of the CCGs. The purpose of the group is to:

- To make recommendations to the Primary Care Commissioning Committee.
- Implement and comply with NHS England's policies and guidance in relation to recommending approval and funding of Primary Care developments.
- Ensure value for money in Primary Care premises developments and ensure revenue implications are clearly and accurately captured and reported.
- Ensure alignment with, and support to, the development of the Primary Care Strategy, in relation to services and premises developments.
- Manage and review the CCGs Primary Care Premises Development Programme.

Objectives

The CCGs Premises and Estates Review Group is expected to:

- Ensure compliance with NHS England & NHS Improvement scheme development and approval processes.
- Receive and review contractor proposals from premises developments and consider them in line with the approved process.
- Review and make recommendations to the Primary Care Commissioning Committee in relation to all applications for funding received under 'The National Health Service

(General Medical Services – Premises Costs) Directions 2013 (or successor directions once agreed and implemented).

- Review all GP premises rent reviews and lease requirements.
- Make recommendations to and advise the Primary Care Commissioning Committee on all premises matters.
- Consult effectively with other groups to support robust decision making.
- Ensure digital and telephony infrastructure requirements are captured and shared with relevant stakeholders where additional or new investment is required.
- Ensure primary care facilities are considered in the planning of major housing developments and to engage and liaise in a coordinated way to input into these planning processes.
- Communicate effectively and be responsive to stakeholders in relation to premises developments.
- Consider all applications in the context of strategic fit to the CCGs' Primary Care Estates Strategy.

Reporting

The Review Group will prepare an overview report summarising the work of the Group and any recommendations required for presentation to the Primary Care Commissioning Committee.

The minutes of the CCGs Premises and Estates Review Group will be formally recorded by the administrative support for the Group and be available to the Primary Care Commissioning Committee.

Confidential / Sensitive Items

Confidentiality should be maintained at all times. If there is a need to hold confidential discussions which are commercially sensitive, a Part 2 Agenda will be prepared, and minuted separately.

Administration and Other issues

The Strategy and Planning Directorate will administratively support the CCGs Premises and Estates Review Group.

Agendas and papers for meetings will be circulated up to 5 days in advance of the meeting. All agenda items must be submitted to the meeting administrator one week in advance of the meeting.

Letters informing the applicants of the decision of the group will be produced by the Admin Support based on agreed letter templates.

Conflicts of Interests

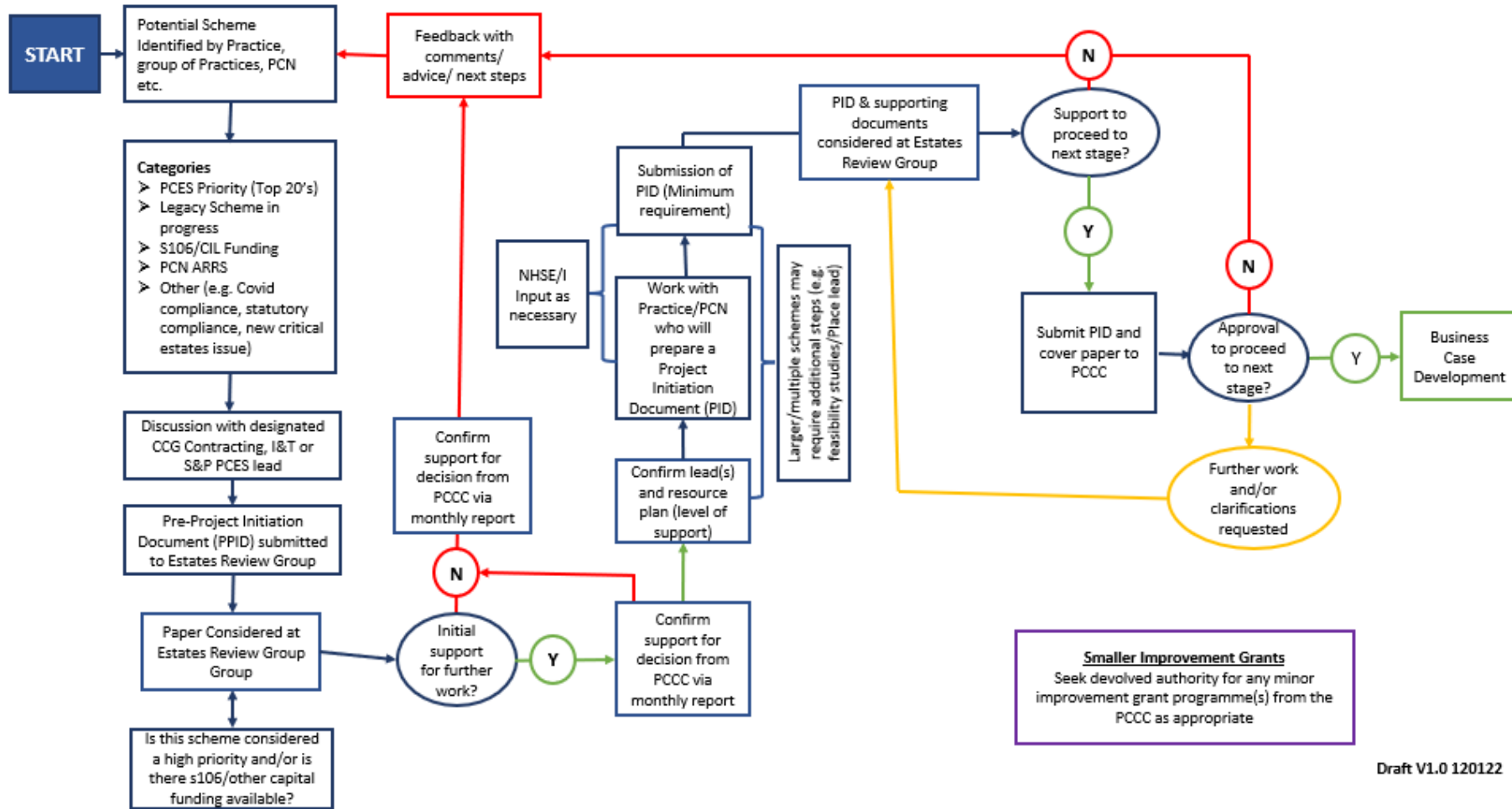
Members of the Premises and Estates Review Group will comply with the CCGs' Conflicts of Interest Policy. The Review Group will maintain a Register of Interests.

Evaluation and Review

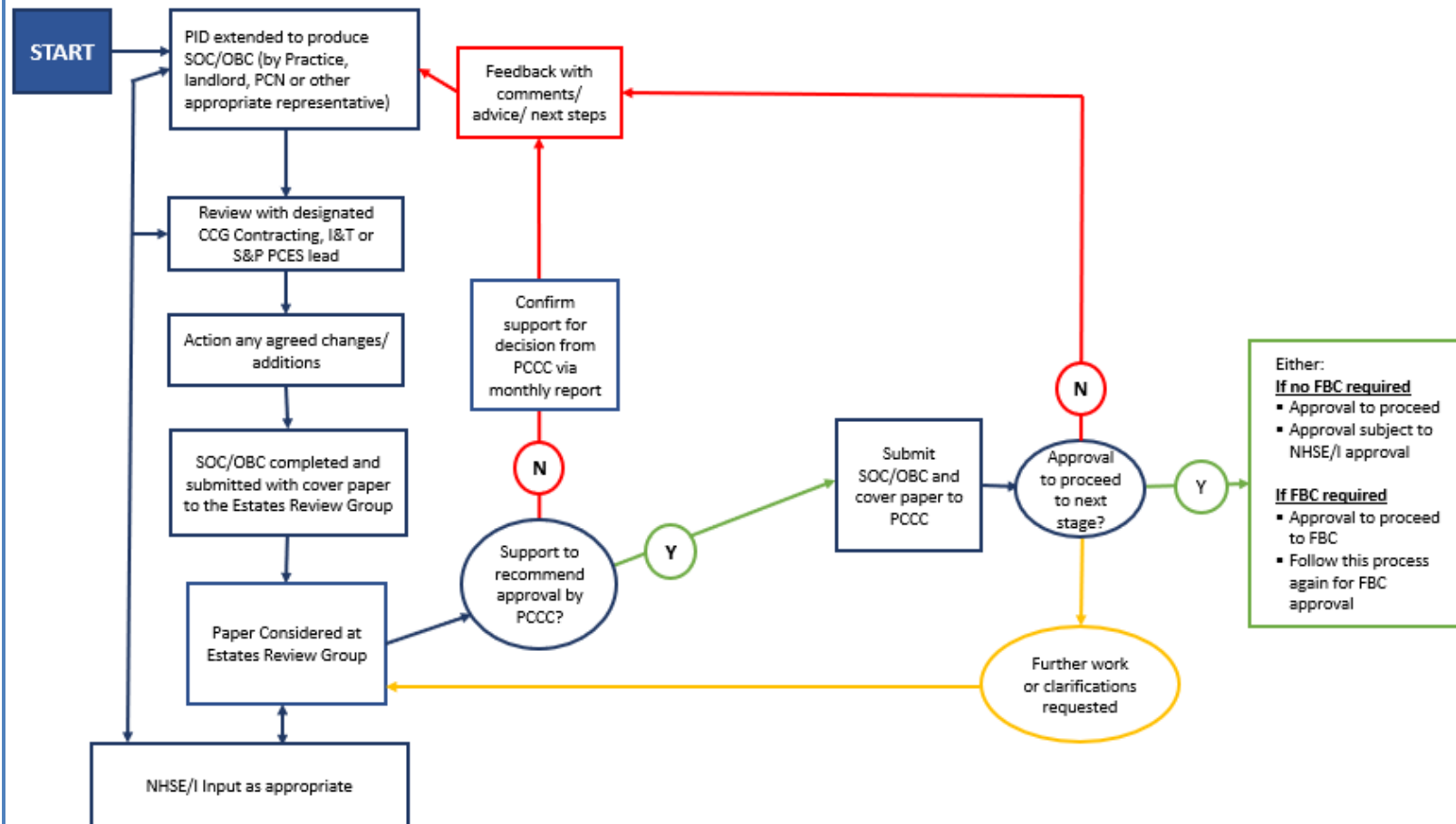
The outcomes of the CCGs Premises and Estates Review Group will be evaluated regularly and will inform an annual review of the Terms of Reference.

Appendix B

LLR CCGs Primary Care Estates Scheme Development Process Stage 1 (Case of Need/PID)



LLR CCGs Primary Care Estates Scheme Development Process Stage 2 (Business Case Development & Approvals)



Draft V1.0 120122